

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Weekly Bulletin



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EDITOR

Tuberculosis in California

By GUY P. JONES

Tuberculosis has always constituted an important public health problem in California. When the migration of white men to California began, this State's tuberculosis problem appeared and it has been present continuously for almost a century. Since the advent of modern preventive medicine, together with the development of material growth and higher social standards, the prevalence and mortality from this disease has been reduced greatly. However, the California tuberculosis death rate is today higher than that for most other states. It is only in the southern States, having high colored populations and in the southwestern States of Arizona and New Mexico, together with Colorado, that higher tuberculosis death rates prevail. It will be recognized that the three named States, together with California, constitute focal points toward which migration of the tuberculous from other States is directed continually. Since this disease has played an important part in the history of California, it is proposed to present an outline of the general trend in control methods that have been used in the warfare against this disease since the early days of public health organization in California.

Because the tuberculosis death rate everywhere has been reduced greatly it can not be inferred that tuberculosis no longer constitutes one of the major problems in public health administration. Because of the probable damage that has been wrought during the

prevailing economic depression, the control of tuberculosis assumes even a new importance. In the light of present conditions, it is believed that a resume of the trend of tuberculosis in California during past decades may be of interest and may also be useful in formulating and maintaining effective methods in the control of this devastating disease.

The first statistical reference to tuberculosis in California is found in the report of the State Registrar of Vital Statistics for the years 1858-1859. The law providing for the State registration of marriages, births, divorces and deaths in California was enacted April 26, 1858, and remained in force for approximately two years. Its repeal was due to lack of support and, principally, to failure of local registrars to share fees with the State registrar. In his report for the two years, the following reference is made to tuberculosis mortality:

"It will be seen from the foregoing list that the most numerous among causes of death is consumption. The greater number of the deaths recorded among the Chinese are attributable to this disease. This is perhaps owing somewhat to the difference in climate, but more attributable to this race living in many cases in damp, ill ventilated and in a great number of instances in underground tenements. Several deaths from consumption among the California Indians adopted into families and inducted into the customs of civilization are among those reported. Enough is known to render the fact indisputable that the moment Digger children are taken from their native clover pastures and diet of grasshoppers, acorns and similar "chemuck," and transferred from their tule or dirt huts away from the vicinity of their sweat houses and invested

with the clothing of the civilized portion of mankind—in fact, submitted to the manners, customs and mode of living of the white race, they are invariably booked for this fatal complaint—an insuperable barrier to all attempts at civilizing and Christianizing this doomed and devoted race.”

The population of California at the time of this report was approximately 300,000. Most of the population of the State was concentrated in San Francisco and in the northern counties. While statistical data is meagre, it is apparent that most of the tuberculosis mortality that occurred was in San Francisco and in Sacramento, where the bulk of the population was concentrated.

1860-1869

There is little statistical material relating to the prevalence of tuberculosis in California during this decade. Articles that appeared frequently in the medical journals made reference to consumption and it is apparent that the disease during this decade began to develop into a more important problem. It was not until 1870, however, that official cognizance was taken of the prevalence of tuberculosis and of the necessity for exercising measures in its control.

1870-1879

The California State Board of Health was organized in April of 1870. In the first biennial report of the board, Dr. Thomas M. Logan, its secretary, refers to tuberculosis in California under the title “consumption and the sanatorium.” Referring to the proceedings of the board meeting February 24, 1871, the president (Dr. Henry Gibbons) called attention to the great mortality by consumption pointed out in the monthly medical reports published by the secretary in the *Pacific Medical and Surgical Journal*. He said it was time for the board to commence the investigation of the subject of the prevalence of consumption in the State and to ascertain to what extent climate has to do with its fatality. Doubtless, a great number dying here had brought the germs of the disease with them, under the general opinion that a trip to California would prove beneficial and without considering that it was necessary to find out what modification of climate caused by locality was best adapted to the particular stage and character of their disease. As was well known to the board, in no part of the world is there such a variety of climate to be met with as within the boundaries of the State. There were in the southern parts of California localities where the climate would compare favorably with that of Italy or the south of France, where thousands of invalids flock each year in pursuit of health. He had heard recently of a medical delegation being sent

from Chicago for the purpose of selecting a proper site for a sanatorium and he thought it would be but right that the members of the board should take this matter into their own hands, where it belonged. Further reference was made to the evenness of the climate at Santa Barbara and an expression of the belief that such a climate is beneficial to individuals who suffer from the disease.

In the same report, it is stated that out of 24 localities, the total population of which was 256,783, there were 774 deaths from consumption. This covered the period from July, 1870, to June, 1871, inclusive. The population of the State, according to the U. S. Census of 1870, was 560,247. For approximately half of the recorded population during that year, the tuberculosis death rate was 302 per 100,000 population. It should be stated, however, that out of the total of 774 deaths from consumption during this year, 518 occurred in San Francisco, which at that time had a population of 150,351. The tuberculosis death rate for that city during that year was 344.5 per 100,000 population.

Dr. M. H. Biggs of Santa Barbara reported to the State Medical Society in 1871: “Many consumptives visit this part of the country and derive much benefit from its equable climate, which makes it especially appropriate to this class of patients.” He suggested in his report that Santa Barbara might be a proper place for the establishment of a State hospital or sanatorium.

Dr. G. W. Barnes of San Diego (population 4957) in a letter to the Secretary of the State Board of Health in 1871, reported 16 deaths from consumption during the year ending June 30. He quoted Dr. Holmes of San Diego, who stated: “The best doctors lose the most patients, not only because they have the most but because the worst come to them and their own do not usually abandon them. It is so with a pulmonary health resort. Eleven of the above consumptives came to San Diego in the last stages of the disease and died very soon after arriving. Over against this list, we propose to set some day a list of those now residing among us who came here early enough to experience the benefits of the climate. Moreover, it could be shown in several of the above cases that the patient not only came too late but recklessly expected the climate to do everything for him without his using even the ordinary precautions besides.”

It would appear, then, that the migration of the tuberculous to California, particularly those who sought relief through climate alone, had assumed rather extensive proportions as early as 1870.

Dr. Arthur B. Stout of San Francisco on May 20, 1871, reporting to the State Board of Health on Chinese immigration, referred to the prevalence of consumption among Chinese in California.

During the year July, 1871, to June, 1872, 754 deaths from consumption were reported from 26 localities, the total combined population of which was 261,714. This indicated a death rate of 288 per 100,000 population. Of these deaths, 511 out of 754 occurred in San Francisco, which at that time had a population of 150,351 and which maintained a death rate from consumption of 340 per 100,000 population.

In his report, the Secretary of the State Board of Health in 1871 stated that among causes of deaths the largest number occurred from consumption.

In the second biennial report of the California State Board of Health for the years 1871, 1872 and 1873, a map was published showing the distribution of deaths from consumption. This was based upon U. S. Census reports and indicated generally that the distribution of deaths from consumption was comparable with the distribution of population.

In the same publication, Dr. J. P. Widney of Los Angeles presented an article entitled "The Los Angeles Country—Its Climate and Diseases." The population of Los Angeles at that time, 1871, was approximately 12,000. Dr. Widney stated:

"Phthisis, originating in the country, is, I think, seldom found. A few deaths occur from it among the Spanish, especially where there has been a mixing of bloods with a resulting diminished vitality. Many persons in the different stages of the disease come from abroad hoping for relief from the climate. Most of them come too late and death is, if anything, hastened by the fatigue of the journey and the change from home comforts to hotel life. Persons with only a predisposition to the disease or still in its early stages, especially if they go to the Mission Valley or live in the region of the foothills, are often much benefited."

In the third biennial report of the California State Board of Health, covering the years 1874 and 1875, 842 deaths from consumption were recorded among 340,748 of the population. Of these, 556 occurred in San Francisco, which at that time had a population of 200,770. There were but 36 deaths from consumption in Los Angeles and vicinity, which was credited with a population of 15,000. In San Francisco, during the calendar year 1874, it was reported that native-born decedents from consumption had largely diminished and the foreign-born decedents had increased. Four hundred, or nearly three-fourths of all consumption deaths, were of foreigners. The same number were males.

In the same biennial report (1874-1875) the Secretary of the State Board of Health published an article

entitled "Climatology and Consumption" in which he stated that the lowest ratio of cases of consumption occurred in New Mexico, the highest in the South Atlantic region, and the next highest in the gulf coast of Florida. He made many false conclusions relative to the relationship of forests and climatology to the incidence of consumption.

(Continued in next issue)

LONG BEACH LOSES DR. McDONALD

Dr. G. E. McDonald, one of the State's most efficient health officers, who has been city health officer of Long Beach for more than twelve years, has been dismissed. The health officer of Long Beach serves at the pleasure of the city manager.

During his long service in Long Beach, Dr. McDonald built up the city health department to a high degree of efficiency and his removal is a distinct loss to the community.

The recent earthquake disaster in Long Beach demonstrated the efficiency of Dr. McDonald and the department which he organized. Dr. S. G. Arnold of Long Beach has been appointed as his successor.

HEALTH OFFICERS NEWLY APPOINTED

The Kern County Health Department, of which Dr. Joe Smith of Bakersfield is the health officer, has taken over the public health work of the city Tehachapi. Dr. R. G. Doupe was formerly city health officer.

Mr. Robb Walker is now city health officer of Wheatland, having succeeded Mr. D. C. Baun.

A REVIEW OF EPIDEMIC ENCEPHALITIS

Dr. Warren F. Fox, health officer of Imperial County, has compiled a comprehensive review of epidemic encephalitis. This review has been mimeographed and distributed to physicians of Imperial County. The widespread attention that has been given to the outbreak of this disease in and around St. Louis, Missouri, was the incentive which led to the preparation of the review. It was prepared for the purpose of aiding physicians in the early diagnosis of the disease, and also for the purpose of answering the large number of inquiries relative to epidemic encephalitis that were sent to the county health department. Doctor Fox's bulletin covers not only the history of epidemic encephalitis but it also cites a large number of references pertaining to the St. Louis outbreak.

DR. CRANDALL GOES TO SANTA MONICA

Dr. Frank G. Crandall who has served the Whittier district of Los Angeles County as district health officer under Dr. John L. Pomeroy, health officer of Los Angeles County, has been transferred to Santa Monica. Doctor Crandall succeeds Dr. William D. Reasner. The Santa Monica district comprises not only Santa Monica and Culver City, together with adjacent territory, but also West Hollywood and the mountainous districts to the north. The Santa Monica district has become greatly enlarged and now covers a large portion of Los Angeles County.

NATIONAL NEGRO HEALTH WEEK

Surgeon General Cumming of the United States Public Health Service has designated Wednesday, October 25, 1933, for the annual conference of the National Negro Health Week. In many States where the negro population is large, great importance is attached to the observance of this event. Since California has a growing negro population it would seem that proper observance of the health of negro people might well be given in California. Oakland, Berkeley, Los Angeles and other California cities have large negro populations, and in Oakland, particularly, members of this race have developed an active interest in advancing the public health of their people.

MORBIDITY ***Diphtheria**

18 cases of diphtheria have been reported, as follows: Fresno 2, Los Angeles County 2, Burbank 1, Long Beach 1, Los Angeles 7, San Gabriel 1, Monterey Park 1, Santa Clara County 2, Santa Clara 1.

Chickenpox

158 cases of chickenpox have been reported. Those communities reporting 10 or more cases are as follows: Berkeley 12, Oakland 25, Los Angeles 24, San Francisco 43.

Measles

134 cases of measles have been reported. Those communities reporting 10 or more cases, are as follows: Oakland 13, San Diego 105.

Scarlet Fever

128 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 31, Los Angeles 31, San Francisco 10.

* From reports received on October 9th and 10th for week ending October 7th.

Whooping Cough

177 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 24, Los Angeles County 13, Los Angeles 40, San Francisco 19.

Smallpox

6 cases of smallpox have been reported, as follows: Los Angeles 2, Santa Barbara 1, Ventura 3.

Typhoid Fever

22 cases of typhoid fever have been reported, as follows: Fresno County 6, Beverly Hills 1, Los Angeles 2, Santa Monica 1, Mendocino County 1, Monterey 1, Napa 1, Orange County 1, Riverside 1, El Cajon 1, San Francisco 2, Santa Barbara County 1, Santa Barbara 1, Vacaville 1, California 1.**

Meningitis (Epidemic)

One case of epidemic meningitis from Fresno has been reported.

Poliomyelitis

4 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, Los Angeles 2, San Bernardino 1.

Encephalitis (Epidemic)

One case of epidemic encephalitis from Oakland has been reported.

Food Poisoning

14 cases of food poisoning have been reported, as follows: Los Angeles County 8, Mendocino County 1, San Francisco 5.

Undulant Fever

2 cases of undulant fever have been reported, as follows: Los Angeles County 1, Los Angeles 1.

Tularemia

One case of tularemia from Los Angeles has been reported.

Coccidioidal Granuloma

Two cases of coccidioidal granuloma from Kern County have been reported.

Trichinosis

One case of trichinosis from San Francisco has been reported.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.